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Aim: Good Surgical Practice (RCS-2008) guidelines require that patient consent is "informed and un-harassed". Day-of-surgery consenting compromises this process and although common-place is ideally avoided. We assess the impact of specialist nurse consenting in clinic and surgeon education on reducing day-of-surgery consent rates.
Method: Documentation for all patients undergoing elective inpatient procedures was prospectively reviewed over 4 weeks. Results of the 1st cycle were presented at a departmental meeting where the advantages of consenting in clinic were promoted. Specialist nurse consenting in clinic was introduced for head and neck (H+N) services, whereas this was already in place for otology services. Re-audit occurred 8 months later.
Results: 200 notes were analysed (1st cycle=94, 2nd cycle=106) sub-divided into otology (42=21%), H+N (74=37%), and general (84=42%). Two-tailed Fisher exact test was applied to determine significance. Overall significant reductions in day-of-surgery consent was achieved (67/94 to 60/106, p=0.028) with subgroup analysis revealing improvements in H+N (31/38 to 17/36, p=0.0032) and general (31/32 to 35/52, p=0.00093) whereas no significant change occurred in otology (5/24 to 8/18, p=0.18).
Conclusions: Specialist nurse consenting in clinic and surgeon education are effective in reducing day-of surgery consent rates. These measures are cost-effective, easy to implement, and broadly applicable.

0749 EMERGENCY LAPAROSCOPIC SUB-TOTAL COLECTOMY: A GENERAL SURGICAL OPERATION?

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Aim: Sub-total colectomy (STC) is the treatment of choice for acute colitis refractory to medical therapy. Laparoscopic colorectal surgery improves the early outcomes of pain and hospital stay. Colonic surgery is increasingly undertaken by surgeons with a colorectal subspecialist interest. Should laparoscopic surgery for acute colitis be an operation for the emergency general surgeon?
Method: A service evaluation was carried out in an upper gastrointestinal unit with an emergency general surgery commitment and experience of routine laparoscopic colonic cancer surgery. Operative and morbidity data was collected prospectively on all patients undergoing emergency laparoscopic STC for inflammatory bowel disease in 2009 & 2010.
Results: 14 laparoscopic STC's (n=7 male) were performed. Two procedures were converted for difficult mesenteric dissection and a misplaced swab. The median age was 55(range 24-74) years. The median operating time was 240(range 180-330) minutes. The median hospital stay was 9(range 3-36) days. There was no mortality. The patient converted for difficult dissection required splenectomy following failed splenic preservation after iatrogenic injury during open dissection. A further patient required reoperation for small bowel obstruction.
Conclusion: Our findings would suggest that emergency laparoscopic STC is a safe and feasible operation for the general surgeon with laparoscopic experience.

0753 DOES RENAL FAILURE WORSEN OUTCOMES OF REVASCULARIZATION IN PATIENTS WITH LIMB ISCHEMIA?

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Aim: The aim of this study was to determine the impact of renal function upon limb salvage following endovascular and open surgical interventions in a district general hospital.
Methods: From January 2005 to December 2008, 181 patients underwent interventions for chronic limb ischemia. Primary patency, assisted patency and limb salvage were assessed using Cox regression analysis.
Results: 181 patients (male 61% with a mean age of 70 +/- 10 years) were followed up for 312+/- 127 days following intervention for lower limb ischemia (open [n=23, 12.7%], endovascular [158, 87.3%]). 6 (3.3%) patients were classified with TASC A disease, 61 (33.7%) with TASC B, 103 (56.9%) with TASC C and 11(6.1%) patients with TASC D disease. The overall primary patency, assisted patency and amputation rates were 61%, 79% and 13% respectively. The presence of renal failure did not worsen the patency or amputation rates (HR= 1.38, 95% CI 0.9-2.0 and HR=1.2; 95%CI 0.4-3.3; P>0.05 respectively). Similarly the glomerular fraction rate (GFR) did not alter the patency or amputation rates.
Conclusions: Patients with renal failure have good outcomes with endovascular and surgical intervention for limb ischemia. Aggressive management of patients with poor GFR and limb ischemia results in good outcomes.

0755 DOES GENDER AFFECT OUTCOME IN PATIENTS WITH CRITICAL LIMB ISCHAEMIA?

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Aims: Evidence exists to suggest that women are associated with poorer outcomes following revascularisation for critical limb ischemia. This gender-related disparity requires further corroboration in the UK.
Methods All patients undergoing lower limb infra-inguinal surgical bypass for critical limb ischaemia (Rutherford category 4-6) from January 2005 to December 2009 were identified from the departmental vascular database.
Results: We identified 208 patients (136 men; 65.4%), median age of 72 years (range 65-79yrs). At presentation, men were significantly younger than women (70yrs men vs. 77yrs; p<0.001 MW U test). No significant gender related difference was seen for either cardiovascular related co-morbidity or presence/absence of tissue loss. Significant gender related differences were seen for Hb, WCC, Na and urea (p<0.05 MW U test). No differences were observed for other biochemical variables. Furthermore, there was no significant difference in perioperative mortality (8.1% men vs. 2.8%, p = 0.227 Fisher's test), or 5 year mortality rate (33.1% vs. 44.4%, p=0.13 X2 test).
Conclusion: Our study does not confirm previous findings of gender associated mortality discrepancies. The high long term mortality rates require continued aggressive modification of cardiovascular risk factors.

0762 CLASSIFICATION OF SOUTH ASIAN BREAST CANCER PATIENTS (SABCP) FROM WEST YORKSHIRE: A CLUSTER ANALYSIS BASED ON DELAYED PRESENTATION

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Aim: To evaluate the factors influencing delayed presentation among SABCP.
Methodology: The ethnicity information documented in the electronic data base was used to identify SABCP from January 2000 to December 2004. Duration of symptom, tumour size, lympho-vascular invasion and lymph-node involvement were used to measure the delay using cluster analysis. The number of clusters was advised by Bayesian Information Criterion.
Results: 83 patients (Pakistani = 51; Indian = 32) were identified. The model identified 3 classes; class 1 (n=33) presented within 2 weeks with small tumours, negative lymphnodes and stage 1 or 2 disease. Class 2 (n=38) typically presented around 10 weeks with positive lymphnodes, lympho-vascular invasion and stage 2 or 3 disease. Class 3 (n=12) presenting late with large tumours and stage 3 disease. Breast screening was shown to be a strong predictor of short delay (p<0.01), whereas age was weakly associated with long delay (p=0.11). Neither ethnicity nor index of multiple deprivation (IMD) was associated with delay classification.
Conclusion: Breast screening was strongly associated with shorter delay in presentation. There was no association between IMD/ethnicity with delayed presentation. Further qualitative research is needed to understand delay in presentation of SABCP.

0763 FACTORS AFFECTING SEROMA COLLECTION BY SUCTION DRAINAGE POST-MASTECTOMY

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